

**FEC  
FORM 3X**

**REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

RECEIVED  
FEC MAIL CENTER  
2016 OCT 25 AM 7:18

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. 12FE4M5

INDIANA REPUBLICAN ASSEMBLY SUPER PAC

ADDRESS (number and street) PO BOX 721

☐ Check if different than previously reported. (ACC) BEECH GROVE IN 46107

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

00522474

3. IS THIS REPORT ☒ NEW (N) OR ☐ AMENDED (A)

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

- ☐ April 15 Quarterly Report (Q1)  
☐ July 15 Quarterly Report (Q2)  
☒ October 15 Quarterly Report (Q3)  
☐ January 31 Year-End Report (YE)  
☐ July 31 Mid-Year Report (Non-election Year Only) (MY)  
☐ Termination Report (TER)

- (b) Monthly Report Due On: ☐ Feb 20 (M2) ☐ May 20 (M5) ☐ Aug 20 (M8) ☐ Nov 20 (M11) (Non-Election Year Only)  
☐ Mar 20 (M3) ☐ Jun 20 (M6) ☐ Sep 20 (M9) ☐ Dec 20 (M12) (Non-Election Year Only)  
☐ Apr 20 (M4) ☐ Jul 20 (M7) ☐ Oct 20 (M10) ☐ Jan 31 (YE)

- (c) 12-Day PRE-Election Report for the: ☐ Primary (12P) ☐ General (12G) ☐ Runoff (12R)  
☐ Convention (12C) ☐ Special (12S)

Election on  /  /  in the State of

- (d) 30-Day POST-Election Report for the: ☐ General (30G) ☐ Runoff (30R) ☐ Special (30S)

Election on  /  /  in the State of

5. Covering Period 01 / 01 / 2016 through 09 / 30 / 2016

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer JD MINIER

Signature of Treasurer *JD Minier*

Date 10 / 14 / 2016

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office  
Use  
Only

**FEC FORM 3X**  
Rev. 12/2004

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

INDIANA REPUBLICAN ASSEMBLY SUPER PAC

Report Covering the Period:

From:

07 01 2016

To:

09 30 2016

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <span>2016</span>		<span>(129)</span>
(b) Cash on Hand at Beginning of Reporting Period.....	<span>6857</span>	
(c) Total Receipts (from Line 19) .....	<span>184336</span>	<span>206036</span>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	<span>191193</span>	<span>205907</span>
7. Total Disbursements (from Line 31) .....	<span>190851</span>	<span>205565</span>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	<span>342</span>	<span>342</span>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) .....		
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) .....	<span>1700067</span>	



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

DETAILED SUMMARY PAGE  
of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

INDIANA REPUBLICAN ASSEMBLY SUPER PAC

Report Covering the Period:

From:

07 01 2016

To:

09 30 2016

I. Receipts

COLUMN A  
Total This Period

COLUMN B  
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

146500

146500

(ii) Unitemized.....

37836

59536

(iii) TOTAL (add

Lines 11(a)(i) and (ii).....▶

184336

206036

(b) Political Party Committees.....

(c) Other Political Committees

(such as PACs).....

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5).....▶

184336

206036

12. Transfers From Affiliated/Other

Party Committees.....

13. All Loans Received.....

14. Loan Repayments Received.....

15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

17. Other Federal Receipts

(Dividends, Interest, etc.).....

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3).....

(b) Levin Funds (from Schedule H5).....

(c) Total Transfers (add 18(a) and 18(b))..

19. Total Receipts (add Lines 11(d),

12, 13, 14, 15, 16, 17, and 18(c)).....▶

184336

206036

20. Total Federal Receipts

(subtract Line 18(c) from Line 19).....▶

184336

206036

2016-10-25 PM 00:11:00

## Page 4

**COLUMN B**  
**Calendar Year-to-Date**

- 
- The image displays four horizontal segments of a film strip. Each segment features a series of sprocket holes along its top and bottom edges. The third and fourth segments from the top contain the handwritten number '115465' in a dark, bold ink.

- 

- 

- 57600

- [illegible]

- 32500

- 

- 

- 

- \_\_\_\_\_

- \_\_\_\_\_

- 

- \_\_\_\_\_

- \_\_\_\_\_

- 

- 

- 

- 206565

- 205565

# **DETAILED SUMMARY PAGE** of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

## **III. Net Contributions/Operating Ex-** **penditures**

### **COLUMN A** **Total This Period**

### **COLUMN B** **Calendar Year-to-Date**

- 33. Total Contributions (other than loans)  
(from Line 11(d), page 3) .....
- 34. Total Contribution Refunds  
(from Line 28(d)) .....
- 35. Net Contributions (other than loans)  
(subtract Line 34 from Line 33) .....
- 36. Total Federal Operating Expenditures  
(add Line 21(a)(i) and Line 21(b)) .....
- 37. Offsets to Operating Expenditures  
(from Line 15, page 3) .....
- 38. Net Operating Expenditures  
(subtract Line 37 from Line 36) .....

184336

104336

100751

100751

206036

206036

115465

115465

2016 10 25 PM 00:14:00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:	PAGE	OF
(check only one)		
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 16	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

INDIANA REPUBLICAN ASSEMBLY SUPER PAC

Full Name (Last, First, Middle Initial)

A. MINIER, JD

Mailing Address

3500 N WHITCOMB AVE

City

INDIANAPOLIS

State

IN

Zip Code

46224

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CROWN MARK MTG

Occupation

LABOR OFFICER

Receipt For:

☐ Primary

☒ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

22500

Date of Receipt

07/08/2010

Amount of Each Receipt this Period

22500

Full Name (Last, First, Middle Initial)

B. CHRISTYS OF INDIANA

Mailing Address

6851 MADISON AVE

City

INDIANAPOLIS

State

IN

Zip Code

46227

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CHRISTYS OF INDIANA

Occupation

ACTION HOUSE

Receipt For:

☐ Primary

☒ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

30000

Date of Receipt

07/26/2010

Amount of Each Receipt this Period

30000

Full Name (Last, First, Middle Initial)

C. HIS AND HER TARGET SPORTS

Mailing Address

400 S MAIN

City

SHERIDAN

State

IN

Zip Code

46069

FEC ID number of contributing  
federal political committee.

C

Name of Employer

TARGET SPORTS

Occupation

GUN SHOP

Receipt For:

☐ Primary

☒ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

20000

Date of Receipt

08/08/2010

Amount of Each Receipt this Period

20000

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

72500

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:		PAGE		OF	
(check only one)					
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

**INDIANA REPUBLICAN ASSEMBLY SUPER PAC**

Full Name (Last, First, Middle Initial)

A. **BEST AUTO**

Mailing Address

**9054 CRAWFORDSVILLE RD**

City

**INDIANAPOLIS**

State

**IN**

Zip Code

**46234**

FEC ID number of contributing federal political committee.

**IC**

Name of Employer

**BEST AUTO**

Occupation

**USED CARS**

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☒ General

Aggregate Year-to-Date ▼

**365.00**

Date of Receipt

**08 22 2016**

Amount of Each Receipt this Period

**365.00**

Full Name (Last, First, Middle Initial)

B. **SELF, MIKE**

Mailing Address

**3550 MACARTHUR LN**

City

**INDIANAPOLIS**

State

**IN**

Zip Code

**46224**

FEC ID number of contributing federal political committee.

**IC**

Name of Employer

**RETIRED**

Occupation

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☒ General

Aggregate Year-to-Date ▼

**175.00**

Date of Receipt

**09 15 2016**

Amount of Each Receipt this Period

**175.00**

Full Name (Last, First, Middle Initial)

C. **PATHEFINDER**

Mailing Address

**3500 DEPAUL BLVD**

City

**INDIANAPOLIS**

State

**IN**

Zip Code

**46268**

FEC ID number of contributing federal political committee.

**IC**

Name of Employer

**PATHEFINDER**

Occupation

**INSURANCE EDUC**

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☒ General

Aggregate Year-to-Date ▼

**290.00**

Date of Receipt

**09 20 2016**

Amount of Each Receipt this Period

**290.00**

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

**740.50**

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
 for each category of the  
 Detailed Summary Page

FOR LINE NUMBER:  
 (check only one)

PAGE OF

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

INDIANA REPUBLICAN ASSEMBLY SUPER PAC

Full Name (Last, First, Middle Initial)

Date of Disbursement

07/01/2016

A.

PIRYX

Mailing Address

995 MARKET ST

City

SAN FRANCISCO

State

CA

Zip Code

94103

Purpose of Disbursement

WEB FUNDING

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

6000

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

Date of Disbursement

07/05/2016

B.

SQUARE

Mailing Address

1455 MARKET ST

City

SAN FRANCISCO

State

CA

Zip Code

94103

Purpose of Disbursement

MOBILE FUNDING

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

49

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

Date of Disbursement

07/27/2016

C.

USPS

Mailing Address

220 MAIN ST

City

BEECH GROVE

State

IN

Zip Code

46007

Purpose of Disbursement

POSTAGE

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

47

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

6096

2016-10-25 09:44:00



**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE OF

☒ 21b ☐ 22 ☐ 23 ☒ 24 ☐ 25 ☒ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

INDIANA REPUBLICAN ASSEMBLY SUPER PAC

Full Name (Last, First, Middle Initial)

A. RICK TRADER-CCRSHOW

Date of Disbursement

07 27 2016

Mailing Address

766 MAPLE RD

City

DEPTFORD

State

NJ

Zip Code

08096

Purpose of Disbursement

RADIO AD

Candidate Name

DONALD TRUMP

Category/  
Type

Amount of Each Disbursement this Period

576.00

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

B. BROWN, DONNA M

Date of Disbursement

08 23 2016

Mailing Address

5720 PORT AVE PRINCE, APT B

City

INDIANAPOLIS

State

IN

Zip Code

46224

Purpose of Disbursement

LOAN REPAYMENT

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

225.00

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

C. BRIGHTHOUSE

Date of Disbursement

08 26 2016

Mailing Address

3030 ROOSEVELT AVE

City

INDIANAPOLIS

State

IN

Zip Code

46218

Purpose of Disbursement

INTERNET

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

46.28

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

847.28

2016-10-25 10:00 AM

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE OF

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

INDIANA REPUBLICAN ASSEMBLY SUPER PAC

Full Name (Last, First, Middle Initial)

Date of Disbursement

A.

MODAFIRE

09 12 2016

Mailing Address

19241 DAVID MEMORIAL DRIVE

City

SHENANDOAH

State

TX

Zip Code

77385

Purpose of Disbursement

INTERNET

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

15.00

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

Date of Disbursement

B.

MEIJER, STAPLES, WALMART

09 22 2016

Mailing Address

5549 W PIKE PLAZA RD

City

INDIANAPOLIS

State

IN

Zip Code

460254

Purpose of Disbursement

SUPPLIES

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

869.00

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

Date of Disbursement

C.

RESTORING HOPE COMMUNITY CHURCH

09 23 2016

Mailing Address

4050 W 62ND ST

City

INDIANAPOLIS

State

IN

Zip Code

460269

Purpose of Disbursement

D

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

164.00

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

2659.00

2016-10-25 10:00 AM

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE OF

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☒ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

INDIANA REPUBLICAN ASSEMBLY SUPER PAC

Full Name (Last, First, Middle Initial)

Date of Disbursement

A. MOORE, JENNIE

09 23 2016

Mailing Address

700 LANTERN RD

City

INDIANAPOLIS

State

IN

Zip Code

46256

Purpose of Disbursement

LOAN REPAYMENT

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

100.00

Office Sought:

☐ House

☐ Senate

☐ President

Disbursement For:

☐ Primary

☒ General

☐ Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

Date of Disbursement

B. SPEEDWAY, ..

09 26 2016

Mailing Address

105 GARDENMAN AVE

City

BEECH GROVE

State

IN

Zip Code

46007

Purpose of Disbursement

GAS

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

264.64

Office Sought:

☐ House

☐ Senate

☐ President

Disbursement For:

☐ Primary

☒ General

☐ Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

Date of Disbursement

C. OLIVE GARDEN ..

09 28 2016

Mailing Address

6130 E 82ND ST

City

INDIANA POLIS

State

IN

Zip Code

46250

Purpose of Disbursement

FOOD

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

314.71

Office Sought:

☐ House

☐ Senate

☐ President

Disbursement For:

☐ Primary

☐ General

☐ Other (specify) ▼

State:

District:

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

679.41

2016 10 25 PM 00:11:00

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE OF

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

INDIANA REPUBLICAN ASSEMBLY SUPER PAC

Full Name (Last, First, Middle Initial)

Date of Disbursement

A. GODADDY

09 29 2016

Mailing Address

1455 N. HAYDEN ROAD

City

SCOTTSDALE

State

AZ

Zip Code

85260

Purpose of Disbursement

INTERNET

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

39.96

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

Date of Disbursement

B. REGIONS BANK

09 30 2016

Mailing Address

5820 S. EMERSON AVE

City

BEECH GROVE IN

State

Zip Code

46007

Purpose of Disbursement

FEES

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

15.00

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

Date of Disbursement

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

54.96

2010-10-25 10:00 AM BOOTHING

# SCHEDULE C (FEC Form 3X)

## LOANS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

PAGE OF  
FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full)

INDIANA REPUBLICAN ASSEMBLY SUPER PAC

LOAN SOURCE Full Name (Last, First, Middle Initial)

BROWN, DONNA M

Election:

☐ Primary  
☒ General  
☐ Other (specify) ▼

Mailing Address

5720 DORT AU PRINCE, APT B

City INDIANAPOLIS

State IN

ZIP Code

46224

Original Amount of Loan

15000

Cumulative Payment To Date

82500

Balance Outstanding at Close of This Period

67500

### TERMS

Date Incurred

09/23/2016

Date Due

12/31/2016

Interest Rate

% (apr)

Secured:

☒ Yes ☐ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

SUBTOTALS This Period This Page (optional) ▶

TOTALS This Period (last page in this line only) ▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

# SCHEDULE C (FEC Form 3X)

## LOANS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

PAGE OF  
FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full)

INDIANA REPUBLICAN ASSEMBLY SUPER PAC

LOAN SOURCE Full Name (Last, First, Middle Initial)

BROWN, DONNA M

Mailing Address

5720 PORT AU PRINCE, APT B

City INDIANAPOLIS

State IN

ZIP Code 46224

Election:

☐ Primary

☒ General

☐ Other (specify) ▼

Original Amount of Loan

7000.00

Cumulative Payment To Date

1172.33

Balance Outstanding at Close of This Period

5827.67

### TERMS

Date Incurred

06 20 2013

Date Due

12 31 2016

Interest Rate

% (apr)

Secured:

☒ Yes

☐ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount

Guaranteed

Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount

Guaranteed

Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount

Guaranteed

Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount

Guaranteed

Outstanding:

SUBTOTALS This Period This Page (optional) ▶

TOTALS This Period (last page in this line only) ▶

5827.67

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

2013-10-25 00:11:00

# SCHEDULE C (FEC Form 3X)

## LOANS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

PAGE OF  
FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full)

INDIANA REPUBLICAN ASSEMBLY SUPER PAC

LOAN SOURCE Full Name (Last, First, Middle Initial)

GEORGE HELMS

Election:

☐ Primary

☒ General

☐ Other (specify) ▼

Mailing Address

229 SIOX CIRCLE

City NOBLESVILLE

State IN

ZIP Code 46062

Original Amount of Loan

800.00

Cumulative Payment To Date

Balance Outstanding at Close of This Period

800.00

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

03 TO 2013 12 31 2010

% (apr)

☐ Yes

☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount

Guaranteed

Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount

Guaranteed

Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount

Guaranteed

Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount

Guaranteed

Outstanding:

SUBTOTALS This Period This Page (optional) ▶

TOTALS This Period (last page in this line only) ▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

2010-10-25 00:44:00

**SCHEDULE C (FEC Form 3X)**

**LOANS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

PAGE OF  
FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full)

**INDIANA REPUBLICAN ASSEMBLY SUPER PAC**

LOAN SOURCE Full Name (Last, First, Middle Initial)

**MOORE, JENNIE**

Mailing Address

**7011 LANTERN ROAD**

City **INDIANAPOLIS**

State **IN**

ZIP Code **46256**

Election:

☐ Primary

☒ General

☐ Other (specify) ▼

Original Amount of Loan

**1100000**

Cumulative Payment To Date

**130200**

Balance Outstanding at Close of This Period

**969800**

**TERMS**

Date Incurred

**11/15/2012**

Date Due

**12/31/2016**

Interest Rate

% (apr)

Secured:

☐ Yes

☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount

Guaranteed

Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount

Guaranteed

Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount

Guaranteed

Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount

Guaranteed

Outstanding:

SUBTOTALS This Period This Page (optional) ▶

TOTALS This Period (last page in this line only) ▶

**969800**

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

2019-10-25 00:11:00



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

PAGE **01** OF **01**  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>INDIANA REPUBLICAN ASSEMBLY</b> <i>SUPER PAC</i>	FEC IDENTIFICATION NUMBER <b>000522474</b>
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle Initial) of Payee <b>TRAVER, RICK - CCRSHOW</b>	Date <b>07 / 27 / 2016</b>
Mailing Address <b>760 MAPLE RD</b>	Amount <b>57600</b>
City <b>DEPTFORD</b> State <b>NJ</b> Zip Code <b>08046</b>	

Purpose of Expenditure <b>RADIO AD</b>	Category/Type <input type="checkbox"/>	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: _____ District: _____
Name of Federal Candidate Supported or Opposed by Expenditure:		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <b>57600</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee	Date	
Mailing Address	Amount	
City State Zip Code		
Purpose of Expenditure	Category/Type <input type="checkbox"/>	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____
Name of Federal Candidate Supported or Opposed by Expenditure:		Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures .....	<b>57600</b>
(b) SUBTOTAL of Unitemized Independent Expenditures .....	
(c) TOTAL Independent Expenditures .....	<b>57600</b>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature **JD Munian** Date **10 / 14 / 2016**

2016-10-14 15:01:00

*[Illegible handwritten text]*

Federal Election Commission  
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS  
The FEC added this page to the end of this filing to indicate how it was received.

☐ Hand Delivered Date of Receipt

☒ USPS First Class Mail Postmarked 10/14/16 Date of Receipt 10/25/16

☐ USPS Registered/Certified Postmarked (R/C)

☐ USPS Priority Mail Postmarked

☐ USPS Priority Mail Express Postmarked

☐ Postmark Illegible

☐ No Postmark

☐ Overnight Delivery Service (Specify): Shipping Date  
Next Business Day Delivery ☐

☐ Received from House Records & Registration Office Date of Receipt

☐ Received from Senate Public Records Office Date of Receipt

☐ Received from Electronic Filing Office Date of Receipt

☐ Other (Specify): Date of Receipt or Postmarked

PREPARER  
(3/2015)

*[Signature]*

10/25/16  
DATE PREPARED

2016-10-25 09:00:00